							F	ederal Box 1	Soc. Sec. Box 3 8	7 Medicare Box 5
to the right is an explanation of your in 2 mages.						Gross Wage Txbl Benefit			41 136208.	41 136208.41
imposed on you if this income is taxable and you fail to report it						Group Term Adoption Deferred Co		92.	05 92.	05 92.05
Form W-2 Wage and Tax Statement 2022						Section 125		(2237.15) (2237.1		5) (2237.15)
						W-2 Wages		134063.	31 134063.	31 134063.31
D. CONTROL NUMBER 000453492401		202		OMB NO. 1545-00	008	1. WAGES, TIPS, OTHER COMPENSATION 134063.31		2. FEDERAL INCOME TAX WITHHELD 22798.59		
B. EMPLOYER IDENTIFIC 20-3469219	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 346-65-5729				3. SOCIAL SECURITY WAGES 134063.31			4. SOCIAL SECURITY TAX WITHHELD 8311.93		
C. EMPLOYER'S NAME, INFOR (US), LLC	ADDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS 134063.	31	6. MEDICARE TAX WIT	HHELD 1943.92
13560 Morris Road Suite 4100 Alpharetta GA 30004	ı					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	
rupilaretta eri 5000						9.			10. DEPENDENT CARE I	BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. David J Jayaraj						11. NONQUALIFIED PLANS 12.a-d See instructions for box 12 C W		92.05 1300.00		
933 Bendleton Trace Alpharetta GA 30004 USA						14. OTHER			DD	14461.50
F. EMPLOYEE'S ADDRES	S AND ZIP CODE								13. STATUTORY RETIR	THIRD-PARTY SICK PAY
15. STATE EMPLOYER GA 3073982	'S STATE ID NUMBER -OP	16. STATE WAGE	S, TIPS, ET 134063.		ME TA	7220.36	18. LOCAL WAGES, TIP	S, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME

D. CONTROL	NUMBER						1. WAGES, TI	IPS, OTHER COMPENSATION	2. FEDERAL INCOME T	2. FEDERAL INCOME TAX WITHHELD	
000453492	2401		2022		OMB NO. 1545-0008			134063.31		22798.59	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD				
20-3469219 346-65-5729							134063.31		8311.93		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD	
	INFOR (US), LLC							134063.31		1943.92	
13560 Morris Road Suite 4100						7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Aipharetta	Alpharetta GA 30004						9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				11. NONQUAL	IFIED PLANS	12.a-d				
David J	David J Jayaraj					С	92.05				
933 Bendleton Trace Alpharetta GA 30004 USA						14. OTHER		W DD	1300.00 14461.50		
USA									13. STATUTORY RET	13. STATUTORY RETIREMENT THIRD-PARTY	
F. EMPLOYEE'S ADDRESS AND ZIP CODE								EMPLOYEE PLA	N SICK PAY		
15. STATE	EMPLOYER'S STATE	ID NUMBER	16. STATE WAG	ES, TIPS, E	TC. 1	17. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
GA	3073982-OP			134063	3.31		7220.36				

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000453492401	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 134063.31	2. FEDERAL INCOME T	AX WITHHELD 22798.59	
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SEC	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD	
20-3469219	346-65-5729			134063.31		8311.93	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP	CODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD	
INFOR (US), LLC				134063.31		1943.92	
13560 Morris Road Suite 4100 Alpharetta GA 30004			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
Alpharetta GA 30004			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. David J Javarai				11. NONQUALIFIED PLANS		92.05	
933 Bendleton Trace Alpharetta GA 30004 USA			14. OTHER		W DD	1300.00 14461.50	
F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RET	REMENT THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER GA 3073982-OP	16. STATE WAGES, TIPS, E 134063		TAX 7220.36	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	L NUMBER		ONAD	NO 1545 0000	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	AX WITHHELD		
000453492	2401	2022	2 OIVIB	MB NO. 1545-0008		134063.31		22798.59		
B. EMPLOYE	B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER					CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
20-346921	20-3469219 346-65-5729					134063.31		8311.93		
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	THHELD		
INFOR (US						134063.31		1943.92		
13560 Mor Suite 4100 Alpharetta)				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Aipilaretta	TAX 30004				9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUALIFIED PLANS		12.a-d See instructions fo	r box 12		
David J	David J Jayaraj						C	92.05		
		, ,			14. OTHER		w	1300.00		
933 Bendleton Trace Alpharetta GA 30004 USA					14. OTHER		DD	14461.50		
F. EMPLOYE	F. EMPLOYEE'S ADDRESS AND ZIP CODE						EMPLOYEE - PLAN	SICK PAY		
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS	, ETC.	17. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
GA	3073982-OP	1340	063.31		7220.36					